

Alternative Dispute Resolution Summary

Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.

1. Civil Action number: _____
2. Style of case: _____
3. Nature of suit: _____
4. Method of ADR used: ☐ Mediation ☐ Mini-Trial ☐ Summary Jury Trial
5. Date ADR session was held: _____
6. Outcome of ADR (*Select one*):
☐ Parties did not use my services. ☐ Settled, in part, as a result of ADR.
☐ Settled as a result of ADR. ☐ Parties were unable to reach settlement.
☐ Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).
7. What was your TOTAL fee: _____
8. Duration of ADR: _____ (i.e., one day, two hours)
9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

Please provide the names, addresses, and telephone number of counsel on the reverse of this form.

10. Provider information:

Signature

Date

Address

Telephone

Continued

Please provide the names, addresses, and telephone numbers of counsel:

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

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